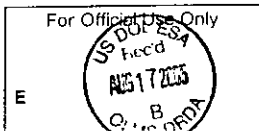


FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>11774</u> n/a - first filing	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>JACK G ARGILA</u> P.O. Box, Bldg., Room No., if any <u>2nd Floor</u> Street <u>4 Court Square</u> City <u>Long Island City</u> State <u>NY</u> ZIP Code + 4 <u>11101</u>	3. Name, file number, and address of labor organization. Name <u>Bricklayers & Allied Craftworkers LU 1</u> Labor Organization File Number <u>540-021</u> P.O. Box, Building and Room Number, if any <u>2nd Floor</u> Street <u>4 Court Square</u> City <u>Long Island City</u> State <u>NY</u> ZIP Code + 4 <u>11101</u>
5. Position in labor organization. <u>V. Pres</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
3. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. <div style="text-align: right;">0</div>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Jack G. Argila</u>	On <u>7/6/05</u> Date	(718) 392-0525 Telephone Number

Name of Person Filing

Jack G. ArgileFile Number U- n/a first filing

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Bricklayers & Allied Craftworkers
Fringe Benefit Funds

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 66-05 Woodhaven BoulevardCity Rego ParkState NY ZIP Code + 4 11374

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

Sponsored benefit plan providing benefits
to covered members of labor union.

11.b. Approximate dollar value of such dealing. unknown

12.a. Nature of interest held or income received.

I attended a Christmas party held on
12/16/2004. I do not know if the value of
what I consumed exceeded \$25.

12.b. Amount

unknown

C. Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.a. Is the Business an Employer ☐or Consultant ☐

14.b. Amount of payment.

0

Name of Person Filing <u>Jack E. Argila</u>	File Number U- <u>n/a first filing</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>Labor Management Cooperation</u> <u>Committee (LMCC)</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>4 Court Square</u> City <u>Long Island City</u> State <u>NY</u> ZIP Code + 4 <u>11101</u>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <u>Joint labor management committee created to promote union labor in the industry & various charities.</u> 11.b. Approximate dollar value of such dealing. <u>unknown</u> 12.a. Nature of interest held or income received. <u>In June 04, our LMCC sponsored a golf outing at ICC, with proceeds going to Muscular Dystrophy Association. I attended, dined, but did not play golf. The value of meal & beverage is estimated.</u> 12.b. Amount <u>Approx. \$90</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment.
13.a. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/>	14.b. Amount of payment. <u>0</u>

Name of Person Filing

Jack G. ArgilaFile Number U- n/a first filing

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Bricklayers & Allied Craftworkers
Fringe Benefit Funds

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street 66-05 Woodhaven BoulevardCity Rego ParkState NY ZIP Code + 4 11374

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street _____

City _____

State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

Sponsored benefit plan providing benefits to covered members of labor union.11.b. Approximate dollar value of such dealing. unknown

12.a. Nature of interest held or income received.

Expense reimbursements as Trustee attending meetings and/or educational conferences.

12.b. Amount

\$ 4111.14

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.a. Is the Business an Employer ☐or Consultant ☐

14.b. Amount of payment.

0

Name of Person Filing

Jack C. Lingila

File Number U- n/a first filing

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Self-Insured Dental Services
 Trade Name, if any: Administrative Services Only
 P.O. Box, Bldg., Room No., if any Suite 300
 Street 303 Merrick Road
 City Lynbrook
 State N.Y. ZIP Code + 4 11563-2501

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Bricklayers & Allied Craftworkers
Fringe Benefit Funds
 Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 66-05 Woodhaven Blvd.
 City Rego Park
 State NY ZIP Code + 4 11394

11.a. Nature of such dealing.

Service Provider11.b. Approximate dollar value of such dealing. unknown

12.a. Nature of interest held or income received.

I played a round of golf & had lunch
with principle of the firm. The value
is estimated.

12.b. Amount \$100.-

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any _____
 Street _____
 City _____
 State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.a. Is the Business an Employer ☐ or Consultant ☐

14.b. Amount of payment.

0